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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ghana
Support for a comprehensive population programme

Proposed UNFPA assistance:	$25 million, of which $18 million would be programmed from UNFPA regular funds. UNFPA would seek to provide the balance of $7 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years (1996-2000)
Starting date:	January 1996
Executing agencies:	Government of Ghana United Nations and United Nations organizations and agencies National non-governmental organizations (NGOs)
Government coordinating agency:	The National Population Council (NPC), Office of the President

Demographic facts

Population (000)	
Total	17,453
Males	8,668
Females	8,784
Sex ratio (/100 females)	98.7
Urban	6,333
Rural	11,119
Per cent urban	36.3
Population in year 2000 (000)	20,172
Functional age groups (%)	
Young child: 0-4	17.5
Child: 5-14	27.8
Youth: 15-24	18.9
Elderly: 60+	4.6
65+	2.9
Percentage of women aged 15-49	45.5
Median age (years)	17.3
Dependency ratios: total	92.9
(/100) Aged 0-14	87.4
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	2.8
Population density (/sq. km.)	73.0

Average annual change (000)	
Population increase	544
Births	741
Deaths	197
Net migration	0
Annual population total (% growth)	2.9
Urban	4.4
Rural	2.0
Crude birth rate (/1000)	39.4
Crude death rate (/1000)	10.5
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.5
Contraceptive prevalence rate (% 15-44)	12.9
Gross reproduction rate (/woman)	2.7
Net reproduction rate (/woman)	2.2
Infant mortality rate (/1000)	72.9
Maternal mortality rate (/100,000)	--
Life expectancy at birth (years)	
Males	56.2
Females	59.9
Both sexes	58.0
GNP per capita (U.S. dollars, 1993)	430

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations. Figures for gross national product per capita are from the World Bank, World Tables 1995. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1995-2000. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1995-2000. The maternal mortality rate is from The State of World's Children 1995. Figures for contraceptive prevalence rates are for currently married women aged 15-44 and are from United Nations Population Division, World Contraceptive Use 1994. Two dots (..) indicate that data are not available.

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I SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $25 million, of which $18 million would be programmed from UNFPA's regular resources to assist the Government of Ghana in achieving its population and development objectives. The assistance would cover the period 1996 to 2000, a time-frame that coincides with the Government's medium-term development programme. The UNFPA programme also harmonizes with the programmes of its partner organizations in the Joint Consultation Group on Policy (JCGP) and is based upon the Country Strategy Note (CSN) for Ghana. This would be UNFPA's third cycle of assistance to Ghana.

2. This UNFPA assistance would enable Ghana to consolidate current gains in meeting the goals of the International Conference on Population and Development (ICPD) as well as to open up opportunities for programme expansion in the key areas of UNFPA programme priorities in collaboration with government bodies, national non-governmental organizations (NGOs) and the private sector. The programme of assistance has been developed following a programme review and strategy development (PRSD) mission that was conducted with the Government through its National Population Council (NPC).

3. With UNFPA support, Ghana has revised its national population policy, first adopted in 1969, to reflect and take account of the goals of the ICPD. The policy review process has identified several major challenges, including the high fertility rate, high levels of infant and maternal mortality especially in rural and underserved areas, the youthful nature of the population, harmful sociocultural practices against women and the girl-child and the effect of uneven population distribution. The objective of the revised population policy is to strengthen current efforts at integrating population factors into the development planning process, to enhance institutional and capacity building at all levels, to play an advocacy role in favour of population policies and reproductive health and to monitor and evaluate population programmes at all levels.

4. The overall goal of the Government's population programme is to ensure the achievement and maintenance of population growth consistent with the objective of enhancing the quality of life of all segments of the society and especially of the country's disadvantaged groups. To this end, the NPC has formulated long-term goals and action plans in the area of reproductive health that include the reduction of the total fertility rate to 3 children per woman by 2020 through the expansion of family planning services to both men and women. It is envisaged to increase modern contraceptive use from the current 10 per cent to 15 per cent by 2000 and to 50 per cent by the year 2020, to reduce maternal mortality from the current level of 220 per 100,000 per live births to 55 per 100,000 and infant mortality from the current level of 77 per 1,000 live births to 24 per 1,000 by the year 2020. Intensive work would be undertaken to formulate and implement policies and programmes to address the reproductive health concerns of adolescents and to aid the empowerment of women.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

II. BACKGROUND

6. Economic factors. Ghana has a mixed economy, primarily consisting of a small, capital-intensive modern sector, a growing informal sector of small-scale businesses, and a large traditional agricultural sector. The agricultural sector alone absorbs over three-fifths of the country's labour force and accounts for half of the gross domestic product (GDP). Agricultural productivity levels are low. In the 1970s, the country underwent a severe economic recession. After the introduction of a structural adjustment programme in the early 1980s, inflation declined dramatically. The GDP, which grew at an average annual rate of 5 per cent between 1987 and 1991, dropped to 4.4 per cent between 1991 and 1993 and to 3.8 per cent in 1994. The average annual per capita income is about $430, and 36 per cent of the population lives in poverty, while 7 per cent subsists on less than one-third of the national average income. Eighty per cent of those classified as poor live in rural areas.

7. Socio-political environment. Ghana's Constitution entered into force in January 1993. The nation is made up of several ethnic groups, each with their own traditions regarding marriage, family, reproduction, child care, food, social interactions and virtually every other facet of everyday life. The institution of chieftaincy buttresses the political and sociocultural institutions of the communities, providing a focus for the expression of social, religious and cultural values. Population as a factor in development has continued to receive high-level political support.

8. Demographic and health trends. Government data indicate that the population numbered 17.6 million in mid-1995 and is growing at an annual rate of about 3.0 per cent. Such growth rates imply that by the year 2010 the population figure will be approaching 27 million. The overall population density of 72 persons per square kilometre is not excessively high. However, in the forest belt communities and in rich agricultural areas population density exceeds 200 persons per square kilometre. Population pressures combined with unsustainable land use practices are contributing to environmental degradation and desertification in some parts of the country, and the development of action programmes to address this issue is one of the objectives of the national population policy. According to government data, the crude birth rate is 42 live births per 1,000 population, the crude death rate is 12 deaths per 1,000 population, infant and under-five mortality are still unacceptably high at 77 and 119 per 1,000 live births, respectively. It is felt that the maternal mortality rate, which, according to government data, is 220 deaths per 100,000 births, may exceed 500 deaths per 100,000 live births in many rural and northern communities. Life expectancy at birth is 54 years for males and 58 years for females.

9. The total fertility rate declined from 6.4 births per woman in 1988 to 5.5 births per woman in 1992. Significant changes have also occurred with respect to the use of modern contraceptives: the contraceptive prevalence rate has increased from 5 per cent in 1988 to 10 per cent in 1992. However, the reliance on traditional birth control methods (estimated at 10 per cent), the lack of use of contraceptives among adolescents and the pervasive misconceptions about modern contraceptives, especially among the most vulnerable segments of the

population, present an ongoing challenge to improving the reproductive health of the people of Ghana. The Government has estimated that less than three-fifths of the population has access to modern medical facilities or health services.

10. The median age of Ghana's population in 1985 was 16.8 years; by current estimates this is expected to increase to 17.1 by the year 2000. Roughly 45 per cent of the population is under the age of 15. A recent study has shown that about 60.3 per cent of pregnancies among girls under 20 years of age were unwanted and that the rate of abortion in this population segment is high. Contraceptive use is low in the 15 to 19 age group, with only 8 per cent using a modern method. The 1993 demographic and health survey did show that 57 per cent of adolescents had some knowledge of contraception. The action plan for implementing the national population policy calls for the development of a national policy, strategy and programmes for adolescents, and the groundwork is already being laid by the NPC through a variety of activities.

11. Education. The 1987 Educational Reform Programme has resulted in significant increases in school enrolment. However, there are still wide disparities between boys and girls at all levels of the educational system. At the primary level, the gross enrolment ratio is 77 per cent for boys compared to 74 per cent for girls. By the senior secondary school level, however, female enrolment is only 32 per cent of the total. At the university level, female enrolment is only a quarter of total enrolment, while at the tertiary polytechnic enrolment it is 30 per cent. Measures taken so far to correct these imbalances include waiver of fees and provision of free textbooks to girls at the primary level, intensive remedial courses for girls in science and mathematics during school holidays and expansion of part-time study facilities for females. Beginning in January 1996, the Ministry of Education is expected to adopt and start implementing a comprehensive Action Plan on Girls' Education including monitorable targets to ensure parity education within the shortest possible time.

III. LESSONS LEARNED

12. The overall objective of the previous, second, comprehensive population programme for Ghana can be summarized as the revitalization of Ghana's population programme. It involved an elaborate and all-inclusive national effort to review and to reformulate certain elements of the 1969 population policy in the light of social and economic changes and to align its provisions with the new international consensus on population and development issues. This included improving the Government's capacity to extend the coverage and effectiveness of maternal and child health and family planning (MCH/FP) and information, education and communication (IEC) activities to redress rural/urban disparities in the knowledge, attitude and practice of modern contraceptive methods. Policies and an action plan were formulated to address other population-related areas such as pressure on the environment, the needs of the aged and disabled, rural-to-urban migration and the spatial distribution of the population, education and the labour market. The implementation of the second country programme took place in a highly favourable political environment that included the decentralization of decision-making and planning.

13. The mid-term review and the PRSD review and assessment noted several significant achievements during the second country programme. These included a trend towards a decline in general fertility (from 6 to 5 children per women) and an historically high level of awareness among the population about family planning methods.

(roughly about 80 per cent of the population). In a relatively short time, an increase was observed in the contraceptive prevalence rate for modern methods from 5 to 10 per cent of married women of reproductive age in the period between 1988 and 1993. Important partnerships were forged with youth leaders and with religious and traditional authorities. The major recommendation was that special efforts should be made to enhance national capacity and the institutional capability of programme partners both within and outside of Government in order to achieve sustainability and national self-sufficiency.

Maternal and child health and family planning

14. The principal objectives in the area of MCH/FP were to decrease the infant mortality rate from 81 to 70 per 1,000 live births by increasing the rate of pre-natal attention and supervised child delivery from 30 per cent to about 80 per cent. Although these ambitious goals were not met, significant achievements had been recorded by 1995. The goal of increasing modern contraceptive acceptance by an additional 5 per cent a year was not reached and, in retrospect, seemed ambitious in the light of several issues that needed addressing, including accessibility, quality of service, staffing restrictions, and sociocultural constraints. However, DHS studies suggest that the prevalence of use of modern contraceptives has increased from 5 per cent in 1988 to 10 per cent in 1992. UNFPA assistance contributed to an increase in the percentage of couples using effective modern methods of contraception through upgrading and equipping 100 community-initiated clinics and family planning service delivery points.

15. Technical assistance was provided to set up a decentralized MCH/FP management system that links all levels of the Ministry of Health's operations. The basic health pyramid was in place and functioning, with continuous lines of communication from centre to district and vice versa. UNFPA assistance aided the Government in integrating an IEC mobilization programme into health activities at the central, regional and district levels using the existing resources that are now concentrated within the structure of the National Population Council.

16. Constraints have included inadequate staffing at the central Ministry of Health level as well as the inability of the Ministry of Health to play a leadership role in promoting an overall IEC strategy. Delays were encountered in the construction of many community-initiated clinics because of underestimation of costs and unanticipated inflationary pressure. Under the second programme, a total of $5.95 million was expended for the implementation of activities in the MCH/FP sector. This included $3 million of multi-bilateral assistance for the purchase of contraceptives provided by the British Overseas Development Administration and the Government of Netherlands.

Information, education and communication

17. As a result of the second country programme, population IEC programmes have now been institutionalized within the National Population Council, and there is a full complement of regional family life education coordinators operating in the 10 regions of Ghana. National population IEC activities promote family planning awareness among the rural population through, inter alia, workshops, speaking engagements at important local activities, and the preparation and dissemination of IEC materials. UNFPA assistance to the Ghana Institute of Journalism has facilitated the integration of population communication into the curriculum for would-be journalists. The Institute's training programme in population communication now attracts students from other countries in

Africa. The Institute also has acquired a capacity to produce its own teaching materials and to provide support for the production of population IEC audio-visual materials. At the Institute of Adult Education of the University of Ghana, UNFPA assistance has facilitated the introduction of population family life education into the teaching materials for adult literacy classes.

18. In spite of these successes, certain weaknesses have been observed. Attention needs to be paid to developing indicators by which to measure the achievements, furthermore, virtually all of the operational IEC activities were dominated by awareness creation activities. With respect to family planning, programme focus should now be directed at strategies and activities to bridge the gap between knowledge and practice, and IEC needs to be broadened to encompass the new concept of reproductive health. There were no specific IEC programmes to cover the organized labour sector, out-of-school youth or young married couples. The Government has now agreed to initiate population education within the formal school system. Preliminary discussions have taken place, but a focused operational programme has not yet been developed. Expenditures for IEC activities totaled $2.3 million by the end of 1995.

Data collection and analysis

19. Under the second programme, the broad objectives in the area of data collection and analysis were to strengthen the capacity of the Ghana Statistical Services. Support was provided for additional analyses of the 1979/1980 Ghana fertility survey, the 1970 and the 1984 population censuses, the Ghana living standards surveys and the Ghana demographic and health survey. Assistance was also provided for training staff and for equipment. UNFPA assistance has enabled the Ghana Statistical Services and the Ministry of Agriculture to acquire the capacity to develop a database and to produce population projections for all 10 regions of Ghana. The demographic analysis and migration study projects helped to strengthen the collaboration between university demographers and the Ghana Statistical Services.

20. However, the mid-term review and the PRSD noted that much of the training that had been provided could not be evaluated because many of the staff were no longer in the positions for which they had been trained. In addition, the capabilities built in the Ghana Statistical Services and the Ministry of Agriculture had never been translated into actual databases and projections. These failures were attributed to deficiencies in the design of the projects and to the lack of a clear programme and institutional linkage between the data collection and analysis activities and the activities in the population and development sector. By the end of 1995, an amount of $283,000 had been expended in support of activities in this sector.

Population policy development, research, implementation and evaluation

21. UNFPA support resulted in wide-ranging country level activities to review and revise the 1969 population policy as well as to prepare the related action plans. The reconstituted National Population Council (NPC) was inaugurated in November 1993, and a separate budget was approved for its operations. The NPC has been able to mobilize inter-disciplinary expertise from the universities, government ministries and NGOs for the realization

of its objectives. Research was conducted on the subject of the family and development by the University of Ghana under the auspices of the NPC.

22. The mid-term review and the PRSD noted constraints attributable to the weak development planning system, which has yet to be fully sensitized to population and development issues and to other non-family planning population concerns. However, as the NPC has developed substantively and managerially, it has initiated dialogue with the National Development Planning Commission to integrate population elements and concerns into future development planning activities, especially at the regional and district levels. By the end of 1995, expenditures in this sector totaled $1.6 million.

Women, population and development

23. The overall objectives in the area of women, population and development were to encourage and promote the empowerment of women by increasing their involvement in economic activities, expanding adult literacy programmes and broadening educational opportunities for girls. The activities funded in this sector under the second programme have succeeded in strengthening the capacity of the concerned national organizations. The strength of women's NGOs has been in the area of family life education, where folk and community theatre activities were developed to disseminate information on population and family welfare. A number of the performances were video-taped and were being used for discussions on family planning. In collaboration with the Ministry of Health, family planning services have been introduced in the project areas. The mid-term review and the PRSD noted that the activities of the projects were widespread, in terms of focus and geographic coverage, so that it was difficult to concentrate technical assistance to achieve maximum effectiveness. The programme had been unable to develop a research agenda in this area. There were also difficulties in the administration of the loan scheme. UNFPA assistance to this sector under the second programme amounted to $1.17 million.

IV. PROPOSED PROGRAMME 1996-2000

24. This third cycle of assistance is designed to address population concerns in a holistic manner, to coordinate the use of limited resources, and to enhance efficiency through decompartmentalization and the forging of links in programming and implementation. It is also the intention of UNFPA and the Government to address the constraints and weaknesses of the current population programme. In line with the ICPD Programme of Action as well as UNFPA's post-ICPD programme priorities, assistance will focus on three major programme areas: (a) reproductive health, including family planning and sexual health (hereafter referred to as reproductive health); (b) the development of population policies and the integration of population factors into development programmes; and (c) activities in the area of advocacy and social mobilization. Within the three thematic areas, attention will be paid to such cross-cutting dimensions as gender concerns, the need for general and disaggregated data collection and analysis, operational research, training and other capacity building, and population IEC.

Reproductive health

25. The Government subscribes to the definition of reproductive health adopted by the WHO and the ICPD. In spite of financial constraints and restructuring that are leading to the reduction of subsidies to the health sector, government policy still supports the primary health care approach and has embraced the concept of a minimum package of health interventions that includes reproductive health and family planning and STDs/AIDS prevention and services. In order to consolidate existing gains as well as to reach out to a wider population in rural, underserved areas as well as to youth and adolescents, the proposed programme plans to expand the services offered in these areas.

26. UNFPA assistance, which will be focused at the primary health care level, will be directed at upgrading and rehabilitating existing service delivery points, including the provision of basic equipment and appropriate commodities, so that they can provide integrated reproductive health, family planning and sexual health services. By the year 2000, the Government intends to integrate management of sexually transmitted diseases (STDs), reproductive tract infections and HIV/AIDS into an expanded reproductive health services system. Furthermore, communities in all 110 districts will be encouraged to construct community-initiated clinics to supplement government efforts. In this respect, UNFPA would provide counterpart resources to supplement community contributions towards the building of such clinics. An adolescent reproductive health programme is to be developed to address the needs of both in-school and out-of-school youth. In this context, special attention would be given to the provision of facilities and other service delivery arrangements to serve youth and the male population, following necessary sociocultural studies, advocacy and training activities.

27. The action plan of the NPC for the health sector also foresees capacity building and training as well as the provision of adequate and appropriate equipment and supplies for effective, quality service delivery. The District Health Management Teams would be strengthened through development of a management information and logistics system. Training in health programme management and clinical skills, as well as in counseling and general IEC skills, would be given to existing and new health professionals working in the reproductive health area from the government, NGO and private sectors. Current estimates foresee that such training would cover 2,000 midwives, 2,000 community health nurses, 150 medical assistants, 250 public health nurses and 45 regional and district hospital doctors. From among this large group of professionals, a core of trainers would be developed to help with future pre-service and refresher training activities for paramedical and middle-level medical personnel.

28. The NPC and the Ministry of Health are to collaborate in developing a research agenda that will include enquiries into quality-of-care issues; the sociocultural aspects of the reproductive practices of target ethnic and social groups in the regions and districts; and strategies for the involvement of males.

29. The necessary conditions for the implementation of these proposed activities include high-level political support, the decentralization of development programming and implementation to the regions and districts, the participation of other programme partners in the NGO and private sectors, who are strengthening their own network of service delivery points into the countryside, and the increased awareness and interest of many communities.

Population and development strategies

30. The strategy of the Government and UNFPA in the area of population policy is to strengthen the current efforts at integrating population factors into the development planning process, to enhance institutional and capacity building at all levels, to play an advocacy role and to monitor and evaluate programmes at all levels. To this end, the development and implementation of sectoral and district-level action plans are a priority. Both at the NPC as well as at the district levels, nationals require training and re-training in new methodologies of rapid data collection and analysis for programme development, implementation, monitoring and evaluation. An integrated population database system and a national documentation centre are to be developed and managed by the NPC to facilitate programme development, monitoring and evaluation. Training is required to cover all aspects of programme management. A policy-oriented research agenda is needed to facilitate the development of policy guidelines and directives to the population programme implementors.

31. Ghana strongly endorses the ICPD call for the empowerment of women and the improvement of their political, social, economic and health status. In order to achieve this, the Government is paying attention to the strengthening of the institutional framework within the NPC and the National Council on Women and Development. The presence of a large number of NGOs in the field of gender activities provides an opportunity for intensified advocacy and action programmes at the community level. At the national level, three key areas have been identified for intervention during the third programme cycle: (a) action to influence the socio-political and cultural environment; (b) policy development and institutional strengthening, and (c) expansion of existing institutions and programmes. UNFPA assistance would ensure that attention is given to the participation of women in operational research and in all forms of training, including programme development and management.

32. UNFPA assistance is designed to reinforce the Government's commitment to decentralization as a means of ensuring community participation in the development processes. In this regard, UNFPA would support NPC efforts to establish Population and Development Committees within the District Assemblies as well as the identification, recruitment, training and placement of district population officers, integrating them functionally into the District Planning Teams. As a strategy for developing a coordinated, comprehensive and holistic national population programme, the NPC has decided to experiment with "impact programme delivery" in two districts in each of the country's 10 regions. Under this scheme, an integrated population project incorporating the three UNFPA thematic areas together with the technical support tools would be undertaken in the districts chosen.

33. In keeping with the ICPD Programme of Action, the NPC would consolidate all existing IEC initiatives under its charge. These initiatives would be committed to the establishment of culturally sensitive population IEC plans and strategies to facilitate attitudinal and behavioural changes concerning health, sexual and reproductive behaviour and family life. A national IEC strategy would be developed that would incorporate capacity building and the institutionalization of population IEC within all major activities. The use of multi-media, multi-channel approaches that are particularly responsive to the needs of such special groups as youth, males, illiterates and rural populations will be actively promoted by UNFPA. The NPC is committed to moving forward preliminary discussions that started in 1995 with the education authorities regarding the introduction of population education into the formal school system. These efforts will intensify during the current cycle. Certain inroads have already

been made with respect to population education within the adult literacy system. In collaboration with the Adult Education Department of the University of Ghana, a curriculum on population education has been developed and introduced on a pilot basis into adult literacy classes. The NPC would like to strengthen these initiatives by expanding activities to cover both government and private vocational training schools.

34. Training is particularly required with respect to the planning and management of IEC programmes as regards curriculum review and the inclusion of family life education and counseling techniques, media technology, and population communication into these programmes. UNFPA has been the principal provider of assistance for population IEC activities in Ghana and will continue this support, ensuring that the NPC obtains the technical and institutional capacity it needs to provide the necessary leadership to the population programme.

Advocacy

35. On its own and in partnership with current and new programme partners, the NPC is to lead advocacy efforts directed towards policy makers, development planners, the community, parents and opinion leaders in order to promote the goals of the ICPD and the Fourth World Conference on Women, especially those relating to the girl child, to the legal and cultural obstacles to the realization of women's rights in such areas as reproduction, inheritance, property ownership, marriage and divorce; to violence against women, including harmful traditional practices, to responsible and safe sexuality; to responsible fatherhood, and to Safe Motherhood. Women's NGOs as well as religious and community groups would be encouraged to participate in legal and functional literacy training, leadership and management skills training and poverty alleviation activities.

Programme reserve

36. An amount of $500,000 would be set aside as a reserve to cover unforeseen activities falling within the framework of the proposed programme.

Programme development, management and coordination

37. Some of the current activities will be carried over to, and subsumed in, the third country programme because of their compatibility with the focus, thrust and strategy of the new cycle of assistance. The launching of the third country programme is being preceded by a UNFPA/NPC workshop aimed at drawing up implementation strategies and plans. UNFPA will also encourage the NPC to hold a similar workshop with government agencies and bodies as well as NGOs and the private sector.

38. The Ministry of Finance and Economic Planning has the responsibility to mobilize, co-ordinate and monitor all external assistance to Ghana. On the substantive level, the NPC, which is established under the Office of the President, would, among other things, coordinate the UNFPA-assisted programme. Further, both UNFPA and the Government have agreed to organize a meeting of all the major external donors three or four times a year to exchange programme information and to discuss ways to improve coordination. In addition, current arrangements would continue whereby UNFPA-sponsored missions and consultancies would systematically be briefed by the

various donors and executing agencies to keep them abreast of important developments in project implementation The field office would also seek to ensure that evaluation results and the findings of population-related studies and reviews would be exchanged among donors and executing agencies.

39. A range of monitoring and evaluation activities will be built into each programme area. The overall indicators of the national population programme will be more precisely defined and focused during the stage of project formulation to assist in monitoring and evaluation, particularly in reference to the ICPD goals. Specific progress indicators as well as verification tools and performance criteria would be developed to ensure immediate application of lessons learned and to improve programme quality. At the field level, the programme would be managed by the UNFPA Representative. Monitoring instruments would include quarterly and annual reports, independent reviews and visits to project sites. The practice of conducting regular meetings of the Programme Management Committee comprising all project directors would continue.

40. An in-depth mid-term country programme evaluation would be undertaken in 1998. Furthermore, a programme review and a strategy development exercise would be undertaken before the end of the year 2000.

Financial summary

41. As indicated in paragraph 1, UNFPA proposes to provide assistance to Ghana in the amount of $25 million over the five-year period 1996-2000, of which $18 million would be committed from UNFPA's regular resources. UNFPA would seek to cover the balance of $7 million from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding.

Sector	Regular resources ($)	Other resources ($)	Total ($)
Reproductive health	12,500,000	5,000,000	17,500,000
Population and development strategies	3,000,000	2,000,000	5,000,000
Advocacy	2,000,000	-	2,000,000
Reserve	500,000	-	500,000
TOTAL	$18,000,000	$7,000,000	$25,000,000

V. RECOMMENDATION

42. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Ghana as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.